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FROM: HEATHER KISLING
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FAX NUMBER: (312) 616-5700**To:** EXAMINER R. SCHNIZER
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C.TELEPHONE NUMBER: (703) 306-5441
FACSIMILE NUMBER: (703) 308-0294

In re Application of: Falck-Pedersen
Serial No. 08/653,114
Filed: May 24, 1996
For: ADENOVIRUS GENE EXPRESSION SYSTEM

GROUP ART UNIT: 1632
EXAMINER: R. SCHNIZER**MESSAGE:**

PER YOUR REQUEST, ATTACHED IS THE PRELIMINARY AMENDMENT FILED IN THIS CASE ON MAY 30, 2000. PLEASE LET ME KNOW IF YOU REQUIRE ANY FURTHER INFORMATION. I LOOK FORWARD TO DISCUSSING THIS MATTER WITH YOU ON TUESDAY MORNING.

A confirmation copy of the transmitted document will:

 Not be sent. This will be the only form of delivery of the transmitted document.

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ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the subject application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

Petition For Extension Of Time
 Applicant(s) petitions for a one-month extension of time under 37 C.F.R. § 1.136, the fee for which is \$110.00 (enclosed).
 Applicant(s) believes that no petition for an extension of time is necessary. However, to the extent that such petition is deemed necessary, applicant(s) hereby petition for a sufficient extension of time to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

No additional claim fee is required.

Other: Pending Claims After Amendment, Declaration Under 37 C.F.R. § 1.132, Curriculum Vitae, and 4 references.

The claim fee has been calculated as shown below:

				SMALL ENTITY		OTHER THAN A SMALL ENTITY		
		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDT. CLAIM FEE	RATE	ADDT. CLAIM FEE
Total	8	MINUS	20	=0	x 9=	\$	x 18=	\$0.00
INDEPENDENT	2	MINUS	3	=0	x 39=	\$	x 78=	\$0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE CLAIM				+ 130=	\$	+ 260=	\$	
				TOTAL	\$	TOTAL	\$0.00	

Please charge my Deposit Account No. 12-1216 in the amount of \$. A duplicate copy of this sheet is attached.

A check in the amount of \$ is attached.

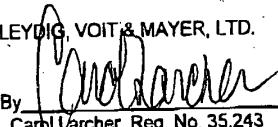
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216. A duplicate copy of this sheet is attached.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

LEYDIG, VOIT & MAYER, LTD.

By 
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One of the Attorneys for Applicant

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